REIMBURSEMENT RESEARCH REQUEST FORM

GUIDELINES

When sending in reimbursement research request(s), please follow the guidelines listed below:

- All reimbursement research request(s) must be submitted by the **EE's BILLING CONTACT** person(s) only.
- **Contact family to verify eligibility before sending in reimbursement research request(s).**
- Do not send in reimbursement research request(s) for 'pending' cases. If there is a change in case status, the next month's report will reflect this change.
- **Double check the Monthly Payment Report** to verify that the case has not been paid already.
- Please wait for the Monthly Payment Report before sending in reimbursement research request(s) to verify that an application has been received. For example, an application signed and mailed in February may not be reflected in the February Monthly Payment Report if the application was received in March.
- FAX to (916) 673-4500, or mail to Healthy Families Program; 625 Coolidge Drive, Folsom, CA 95630, attention Programs Director.

ENROLLMENT ENTITY INFORMATION

EE NUMBER _____ EE NAME _____

CONTACT PERSON _____

FAX NUMBER _____ PHONE NUMBER _____

EE ADDRESS LINE 1 _____

EE ADDRESS LINE 2 _____

CITY _____ STATE _____ ZIP _____

CAA# _____ CAA NAME _____

APPLICATION INFORMATION

APP ID _____ FMN _____

APPLICANT FIRST NAME _____

APPLICANT LAST NAME _____

APPLYING CHILD FIRST NAME _____

APPLYING CHILD LAST NAME _____ DOB _____

APPLICATION TYPE:

- ☐ HEALTHY FAMILIES
- ☐ AER
- ☐ MEDI-CAL

EE SIGNATURE _____ **DATE** _____

RESEARCH OUTCOME (For HFP Use Only)

DATE RECEIVED _____ DATE RECORDED _____

STATUS: DATE DUE _____

☐ PAID DATE PAID _____ CHECK NUMBER _____

☐ PENDING PENDING REASON _____

☐ DENIED DENIED DATE _____ DENIAL CODE _____

RESPONSE TYPE _____ RESPONSE DATE _____

RESEARCHED BY _____ COMPLETION DATE